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Thriving in the Fast Lane - Interview with ESC President Prof. Panos Vardas

Interviewee



Prof. Panos Vardas

Outgoing President of ESC



Interviewed by

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HealthManagement

Prof. Vardas, looking back on the past two years, how would you sum up your presidency?

IT was a very easy, productive and creative period; it was a great period, just as I was expecting it to be. During the last two years I had the opportunity to work with many specialists and colleagues from different cardiac societies, and in many countries, the opportunity to communicate with leaders of some important institutions outside of the regular ESC circles. More importantly, I had the opportunity, through our institutional decisions, to develop some vital and strategic projects. These are, in my view, of great importance for our society.

You have introduced the permanent ESC delegation in Brussels. How has this benefited the society?

I am very proud of this decision to expand ESC in Brussels, indeed I believe this to be one of the most strategic developments in the history of ESC for a number of reasons. One being location. Due to being based in Nice, the society is to some degree isolated. Nice is of course a very attractive and touristic area, but not easily reachable. A very big society, such as the European Society of Cardiology, needs to be in a big city, and Brussels is the political capital of Europe. However, apart from establishing the routine use of these offices in Brussels, we have now developed a whole new project under the name "European Heart Agency" there, aiming to accommodate very novel ideas and projects. This agency is rated in three different divisions:

The first concerns European affairs, dealing with regulations, issues and cardio- political EU matters.

The second is named "The European Heart Health Institute", targeted towards new initiatives to organise studies and activities related to health policies and health economics, healthcare management and statistics, biostatistics and everything related indeed to the matrix and economics in our field. It includes innovation and implementation, nanotechnologies, e-health and other evolving areas.

The third unit, "The European Heart Academy" concerns clinical trials.

What will the academy do?

The European Society of Cardiology is a CME (continued medical education) provider, and these activities have always been developed in Nice and will continue to be. "The European Heart Academy" has another role, aiming to open special 1 or 2 year-courses leading to a certain kind of title, in collaboration with selected universities who are official CME providers. We are very proud that just some weeks ago, we had the first official press release on behalf of the London School of Economics (LSE), announcing our joint project for a Master course related to policies, economics and health management in cardiovascular medicine. We are also working with the Zurich University for a two years' course, and now we are going to start a new collaboration with Maastricht University for a two years' course in arrhythmias.

Do you believe that in the long run, it will be imperative to move the entire ESC operation to Brussels?

I often get asked this question. The answer here is: reasonably, yes, practically, however, it is very difficult, because we currently have 160 employees in Nice and we have to take into account local reality. We cannot ignore all these employees. Europe is much more emotional towards employees' rights than other continents of the world and I think in the future, this total relocation is very difficult or near impossible.

What did you enjoy most about your term?

I have enjoyed everything. Of course, as a leader you enjoy leadership, and the privilege of this leadership is the opportunity to make decisions, deal with charismatic characters, materialise ideas, or to share your views and your ideas with other peers. It was not only one moment or project that gave me satisfaction; it was a mixture of everything over the last two years, the contacts, communication and decisions. Of course, a leader also has to deal with crisis, which is the other part of leadership not always the happiest or pleasurable. But unavoidably, if you are leading a large society such as the ESC, you also have deal with crisis. The last two years were not boring at all.

The society's mission is to reduce the burden of cardiovascular disease in Europe. Will this ever truly be accomplished in the face of the mounting challenge represented by obesity?

This is the mission of the European Society of Cardiology, however, this definition is outdated now. As I had the opportunity to say at the opening ceremony last year at the ESC congress, and will have opportunity to repeat this at the opening ceremony again this year, the mission of the European Society of Cardiology could be expanded: to reduce the burden of cardiovascular disease in Europe and even beyond, and to tackle and eliminate inequalities in healthcare and cardiological medicine. We could even add here: to promote humanism.

Obesity, diabetes and other similar situations and conditions are of course on our agenda. We try to educate the different ESC countries' population directly and indirectly on how to be healthier, and obesity is one of the challenges we have to deal with. The consumption of salt is another big issue, and how to deal with arterial hypertension as a consequence is a huge subject that has been neglected to some degree in the last few years.

In a 2013 ESC TV interview you stated that cardiology has achieved the prolongation of a human being's life by an average of 10 years. Do you see this increasing further in the future?

I have repeated this message for many reasons over the years. Cardiovascular medicine, because of the developments, the investments and because of our efforts, has indeed managed to prolong the life of human beings by 10 years in average, and this life is of good quality. In comparison, despite the huge investments, oncology has managed to prolong life only by a few months. I do not know if the war against cancer is lost, but the war against cardiovascular death is still very important. Cardiac death is being significantly well handled, because we have such good devices to deal with any episode of lethal arrhythmia. Coronary artery disease is being managed properly and so are heart failure and defibrillation, to name but a few heart conditions.

At the moment, I am afraid cardiovascular medicine is a victim of its own success. The industry has progressively lost the momentum for new ideas and innovations because of all these achievements and progress in effective treatments. The European healthcare systems are very happy to deal with lower prices, using generics, cheaper stents, cheaper pacemakers and devices, and this is indeed the risk if in our magnificent specialty: when the profitability of the industry is very low, then there is less incentive for research and investments. I am afraid we are entering an area of turbulence, low profitability of industry, low investments in research, few new products. I hope I am wrong, but there is no comparison between the investments and expenses offered for cancer or other diseases, and those offered in cardiovascular medicine. What is very good for the healthcare systems, low prices, is disadvantageous for the industry. To help the industry we also have to take into account its needs, because without the industry, novel ideas and novel technologies cannot be promoted.

Going back to the new ESC academy: When the ESC is pushing certain areas it is not looking into profitability, but more into necessity. Are you hoping the Brussels institute will in part fill the gap where the industry does not deliver?

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No doubt it will. In Brussels, one of our priorities is to promote the official rules and regulations, and the communication with the industry. There we have the opportunity to meet with other important players, not only from the European Union, but also from the industry. Of course, we have official contacts with EUCOMED and EFPIA. We believe that through transparent collaboration we will enjoy fruitful outcomes.

Management and cross-departmental collaboration are increasingly at the forefront of today's healthcare environment. Why is that development so important for cardiology and for the society?

In the last 3-4 years, and I have to confess that especially in my specialty, health economics and management, we have identified the need to come closer to these topics and issues. About 5-10 years ago, nothing was said about health economics and healthcare management in the European Society of Cardiology. All the main leaders and pioneers were talking about was certification. It is true that we have been influenced by examples of other societies and one of them, the European Society of Radiology, is very well organised. They hold an annual meeting related to management in radiology. We are discussing the organisation of similar meetings for management in cardiovascular medicine. Great ideas from other areas are important for ESC. The ESC itself has acknowledged the significance of healthcare management issues, because over the last 10 years, matters related to health economics and quality have become progressively more important for the communities of patients and the communities of physicians.

Healthcare management and healthcare specialists have increasingly entered our area, whereas 15 to 20 years ago, physicians were the central players in the daily life of hospitals. Now physicians have been pushed to a corner to a significant degree, and the main players are health managers and health economists. Physicians should not tolerate this situation; physicians should develop their own skills and techniques. They should be more familiar with, and more educated on the issue of health economics and healthcare management. They should speak the same jargon as health economists; otherwise physicians will be marginalised in the near future.

What about the patients in your view? Somebody told me once that an informed patient is the archenemy of the doctor's convenience

I believe that one of the strongest drivers of the future is the informed patient. This is a one-way road. Nowadays, Google offers a huge opportunity to patients, and even to physicians, to be quickly and well informed. Because of this fact many of us are now working for the power of patients. Personally, I am involved with a new site that will come online a few months from now, entitled cardiopublic.com, dealing entirely with the empowerment of cardiovascular patients. I think we should work together, we should not be afraid of more informed patients.

You will soon be handing over the ESC presidency to Prof. Fausto Pinto, what advice would you give him?

I wish him all the best. Good luck, well balanced decisions, great vision and the full support of ESC. One of the main and very important priorities for him should be to continue thriving of the ESC's successful projects, such as the congress, journals, guidelines and registries. These are our main priorities and these should be the main priorities of the new president, how to maintain the success of existing projects under difficult economic conditions. Secondly, I would suggest to my good friend Fausto to focus on how to keep the unity between cardiovascular specialists in our different European countries. And of course, his difficult job is to find a way to work together with the past president and the president elect as we always do, as it is up to the presidential trio to preserve the continuity of the society and promote the novel values of our society internationally.

You have previously mentioned the radiologists. They have created a European diploma of radiology, an accreditation and ultimately the entrance ticket to any radiology job anywhere in Europe. Do you think that Prof. Pinto should create something similar?

I would like to remind you that the European Society of Cardiology created this idea, the European Diploma of Cardiology, 20 years ago, however the project collapsed for different reasons. We are now following a different route to the European radiologists and are closely collaborating with the European Union of Medical Specialists (UEMS). One of the first priorities of the UEMS cardiology section is a new start for this diploma. We are discussing it, however the ESC presidency is not so enthusiastic. We currently have many reasons to be sceptical or even be concerned about the value of this diploma. Probably in the future though, it will be necessary.

As past president you will still dedicate a lot of your time to ESC. Where do you see your next career challenge?

Firstly, I have more time to spend in Crete and will be dedicating more time to the University of Crete. I would like to thank the University authorities because they were so tolerant with me during the last few years. My second priority is the promotion of the European Heart Agency. One year ago, when we started this new project in Brussels, we made a very important decision to organise the managerial team for each of the three sections. For the next 4-6 years, I will be the Executive Chairman of the European Heart Agency and its managerial team. Therefore, I will spend a lot of time promoting the agency's values.

On a personal note, when you end your presidency what are you most looking forward to?

To enjoy life more and I hope to have good health for my family and myself. There are so many things in life one can do. In the last 20 years I have spent much of my time on cardiology and had no time to read the classics, Dostoyevsky, Tolstoy or ancient Greek philosophers, and many other authors. I would like to visit other countries not all the time as an ESC ambassador, but as a human being. I will have more time

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to look at the past and also into the future.

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